

# EMERGENCY SHELTER GRANT PROGRAM

## ANNUAL PERFORMANCE REPORT

**PROGRAM YEAR 2009**  
**January 1 - December 31**

SUBRECIPIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ PROJECT #: \_\_\_\_\_

PROJECT DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Budget**

**Amount Expended During  
Program Year**

**Amount of Unliquidated  
Obligation**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### Part A:

1. Is the purpose of this activity to:

- 1. Help Prevent Homelessness? (Y/N)
- b. Help the Homeless? (Y/N)
- 3. Help Those with HIV/AIDS? (Y/N)
- d. Primarily help persons with disabilities? (Y/N)

2. Indicate program(s) and services(s) with an "✓":

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Shelter Facilities | <input type="checkbox"/> Transitional Housing           |
| <input type="checkbox"/> Vouchers For Shelters        | <input type="checkbox"/> Outreach                       |
| <input type="checkbox"/> Drop-In Center               | <input type="checkbox"/> Soup Kitchen/Meal Distribution |
| <input type="checkbox"/> Food Pantry                  | <input type="checkbox"/> Health Care                    |
| <input type="checkbox"/> Mental Health                | <input type="checkbox"/> HIV/AIDS Services              |
| <input type="checkbox"/> Alcohol/Drug Program         | <input type="checkbox"/> Employment                     |
| <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Homeless Prevention            |
| <input type="checkbox"/> Other                        |   |

3. Complete items below:

a. For Residential Services:

1. Average Number Served Daily: Adults \_\_\_\_\_ Children \_\_\_\_\_

2. Actual Served Yearly: Adults \_\_\_\_\_ Children \_\_\_\_\_

b. For Non-Residential Services:

1. Actual Number Served Daily: Adults \_\_\_\_\_ Children \_\_\_\_\_

4. Complete For Residential Services:

a. Annual number of Individual Households (Singles)

1. Unaccompanied 18 and over . . Male: \_\_\_\_\_ Female: \_\_\_\_\_

2. Unaccompanied under 18 . . . Male: \_\_\_\_\_ Female: \_\_\_\_\_

b. Annual number of Families with Children Headed By:

1. Single 18 and over Male: \_\_\_\_\_ Female: \_\_\_\_\_

2. Youth 18 and under Male: \_\_\_\_\_ Female: \_\_\_\_\_

3. Two Parents 18 and over Total: \_\_\_\_\_

4. Two Parents under 18 Total: \_\_\_\_\_

c. Annual number of Family Households with no children Total: \_\_\_\_\_

5. Complete For Residential Services for Emergency or Transitional Shelters:

List the Annual number of persons for each subpopulation served who are:

Chronically Homeless(ES only)	_____
Severely Mentally Ill	_____
Chronic Substance Abuse	_____
Other Disability	_____
Veterans	_____
Persons with HIV/AIDS	_____
Victims of Domestic Violence	_____
Elderly	_____

6. Complete For Residential Services: (Emergency or Transitional Shelter)

Shelter Type	Number of Persons Housed
Barrack	
Group/Large House	
Scattered Site Apartment	
Single Family Detached House	
Mobile Home/Trailer	
Hotel/Motel	
Other	

7. Funding Sources:

ESG				
Other Federal				
Local Government				
Private				
Fees				
Other				
TOTAL				

**Part B:                      ACTIVITY STATUS - Describe Accomplishments and/or delays  
during year:**

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**C.        BENEFICIARIES – INCOME**

1.     Total number of Households (H) or Persons (P) assisted \_\_\_\_\_  
      *(Specify Household or Person)*
2.     Total of #1 who are **Extremely Low Income** Persons \_\_\_\_\_
3.     Total of #1 who are **Low Income** \_\_\_\_\_
4.     Total of #1 who are **Moderate Income** \_\_\_\_\_
5.     Total of #1 who **ARE NOT LOW-TO-MODERATE** Income \_\_\_\_\_
6.     Total of #2, 3, 4 & 5 (should equal #1 above). \_\_\_\_\_

**D.        BENEFICIARIES – RACE/ETHNICITY**

Of the number of persons served in #1, how many are:	RACE # Total	*Ethnicity # Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
Am. Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
TOTAL		

\* Of the race identified in 2<sup>nd</sup> column, how many are of Hispanic origin.

- E.**     Total of #1 who are FEMALE HEADED of HOUSEHOLD \_\_\_\_\_
- F.**     Total of #1 who are 62 or older \_\_\_\_\_
- G.**     **REPORTS (Attach any other reports due per agreement.)** \_\_\_\_\_

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Signature of Director